

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: LOUISIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Denial of Payment for New Admissions: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

     Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

STATE <u>Louisiana</u>	A
DATE <u>SEP 13 1995</u>	
DATE <u>JUL 1 1995</u>	
DATE <u>95-17</u>	
HCFA 179	

TN No. 95-17 Approval Date: OCT 19 1995 Effective Date: JUL 1 1995  
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